

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

JUN 18 2014

Bayfield Co. Zoning Dept.

ENTERED Permit #:

14-0164

Date:

7-1-14

Amount Paid:

\$100 6-30-14

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>WILLARD E. OGEREN</u>	Mailing Address: <u>64610 MCCABREY LAKE RD</u>	City/State/Zip: <u>IRON RIVER</u>	Telephone: <u>715 372-8974</u>
Address of Property: <u>Same</u>	City/State/Zip:		Cell Phone:
Contractor: <u>SELF</u>	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement)	PIN: (23 digits) <u>04-024-3-47-08-33-400-207-24004</u>	Recorded Document: (i.e. Property Ownership) Volume <u>439</u> Page(s) <u>116</u>
Section <u>33</u> , Township <u>47</u> N, Range <u>8</u> W	Town of: <u>Iron River</u>	Lot Size	Acreage <u>1.5</u>
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If Yes--continue <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <input type="checkbox"/> If Yes--continue <input checked="" type="checkbox"/>	Distance Structure is from Shoreline: <u> </u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Distance Structure is from Shoreline: <u> </u> feet		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material <u>\$3000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: <u> </u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> <u> </u>	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Open</u>	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> Foundation	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		(<u> </u> x <u> </u>)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(<u> </u> x <u> </u>)	
<input type="checkbox"/> with Loft		(<u> </u> x <u> </u>)	
<input type="checkbox"/> with a Porch		(<u> </u> x <u> </u>)	
<input type="checkbox"/> with (2 nd) Porch		(<u> </u> x <u> </u>)	
<input type="checkbox"/> with a Deck		(<u> </u> x <u> </u>)	
<input type="checkbox"/> with (2 nd) Deck		(<u> </u> x <u> </u>)	
<input type="checkbox"/> with Attached Garage		(<u> </u> x <u> </u>)	
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		(<u> </u> x <u> </u>)	
<input type="checkbox"/> Mobile Home (manufactured date) <u> </u>		(<u> </u> x <u> </u>)	
<input type="checkbox"/> Addition/Alteration (specify) <u> </u>		(<u> </u> x <u> </u>)	
<input type="checkbox"/> Accessory Building (specify) <u> </u>		(<u> </u> x <u> </u>)	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u> </u>		(<u> </u> x <u> </u>)	
Rec'd for Issue <u>106</u>		<u>14 x 1</u>	<u>228'</u>
<input type="checkbox"/> Special Use: (explain) <u> </u>		(<u>14 x 1</u>)	
<input type="checkbox"/> Conditional Use: (explain) <u>Replace RR ties w/ track</u>		(<u> </u> x <u> </u>)	
<input checked="" type="checkbox"/> Other: (explain) <u>repair stairs to lake/etc.</u>		(<u>6 x 10</u>)	<u>60</u>
Secretariat Staff			

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Willard E. Ogren Wendy M. Ogren Date 6/17/14
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit same as above

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach ☒ Copy of Tax Statement ☒ If you recently purchased the property send your Recorded Deed

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See Attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	Feet		
Setback from the South Lot Line	Feet	Setback from Wetland	
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required to Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #: 14-0164		Permit Date: 7-1-14					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Was Parcel Legally Created		Were Property Lines Represented by Owner		Date of Re-Inspection:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Was Proposed Building Site Delineated		Was Property Surveyed					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:		Zoning District (R-1)					
Date of Inspection: 6-25-14		Lakes Classification (1)					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached)		Date of Re-Inspection:					
Must use best management practices to prevent erosion or siltation of lake. Silt fence must be installed. RTies must be disposed of.							
Signature of Inspector: Michael Rutala		Date of Approval: 6-26-14					
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
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PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

JUN 19 2014

ENTERED

Permit #:	14-0165
Date:	7-1-14
Amount Paid:	\$756.94
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name: MATTHEW FARRELL		Mailing Address: 7605 HUGGITT AVE		City/State/Zip: SUPERIOR, WI 54080		Telephone: _____		
Address of Property: 7915 MON LAKE DR.		City/State/Zip: IRON RIVER, WI 54047		Cell Phone: (218) 348-9174				
Contractor: Self		Contractor Phone: _____		Plumber: _____		Plumber Phone: _____		
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone: _____		Agent Mailing Address (include City/State/Zip): _____		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
PROJECT LOCATION: NA 1/4, NA 1/4		Gov't Lot: 2	Lot(s): 29	CSM: 909	Vol & Page: 16 P282	Lot(s) No.:	Block(s) No.:	Subdivision: Moon Lake Estate
Section: 18, Township: 47 N, Range: 8 W		Town of: IRON RIVER		Lot Size: 150 x 402		Acreage: 1.6 acres		
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →		Distance Structure is from Shoreline: _____ feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland		<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →		Distance Structure is from Shoreline: 157 feet				

Value at Time of Completion * include donated time & material: \$ 6500	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary (exists) Specify Type: Con Vent	<input type="checkbox"/> Sanitary (exists) Specify Type: Con Vent	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon)	
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Portable (w/service contract)	
<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> Compost Toilet	
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 16'	Width: 16'	Height: 12' to peak
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>		(X)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/>		(X)	
<input type="checkbox"/> with Loft	<input type="checkbox"/>		(X)	
<input type="checkbox"/> with a Porch	<input type="checkbox"/>		(X)	
<input type="checkbox"/> with (2 nd) Porch	<input type="checkbox"/>		(X)	
<input type="checkbox"/> with a Deck	<input type="checkbox"/>		(X)	
<input type="checkbox"/> with (2 nd) Deck	<input type="checkbox"/>		(X)	
<input type="checkbox"/> with Attached Garage	<input type="checkbox"/>		(X)	
<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	<input type="checkbox"/>		(X)	
<input type="checkbox"/> Mobile Home (manufactured date) _____	<input type="checkbox"/>		(X)	
<input type="checkbox"/> Addition/Alteration (specify) _____	<input type="checkbox"/>		(X)	
<input checked="" type="checkbox"/> Accessory Building (specify) Gatebo	<input checked="" type="checkbox"/>		(16 X 16)	256
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	<input type="checkbox"/>		(X)	
<input type="checkbox"/> Rec'd for Issuance	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
<input type="checkbox"/> Conditional Use: (explain) _____	<input type="checkbox"/>		(X)	
<input type="checkbox"/> Other: (explain) _____	<input type="checkbox"/>		(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on the information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owners: J. Farrell (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 6/26/2014

Authorized Agent: _____ Date: _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 7605 HUGGITT AVE. SUPERIOR, WI 54080

Attach

Copy of Tax Statement ✓

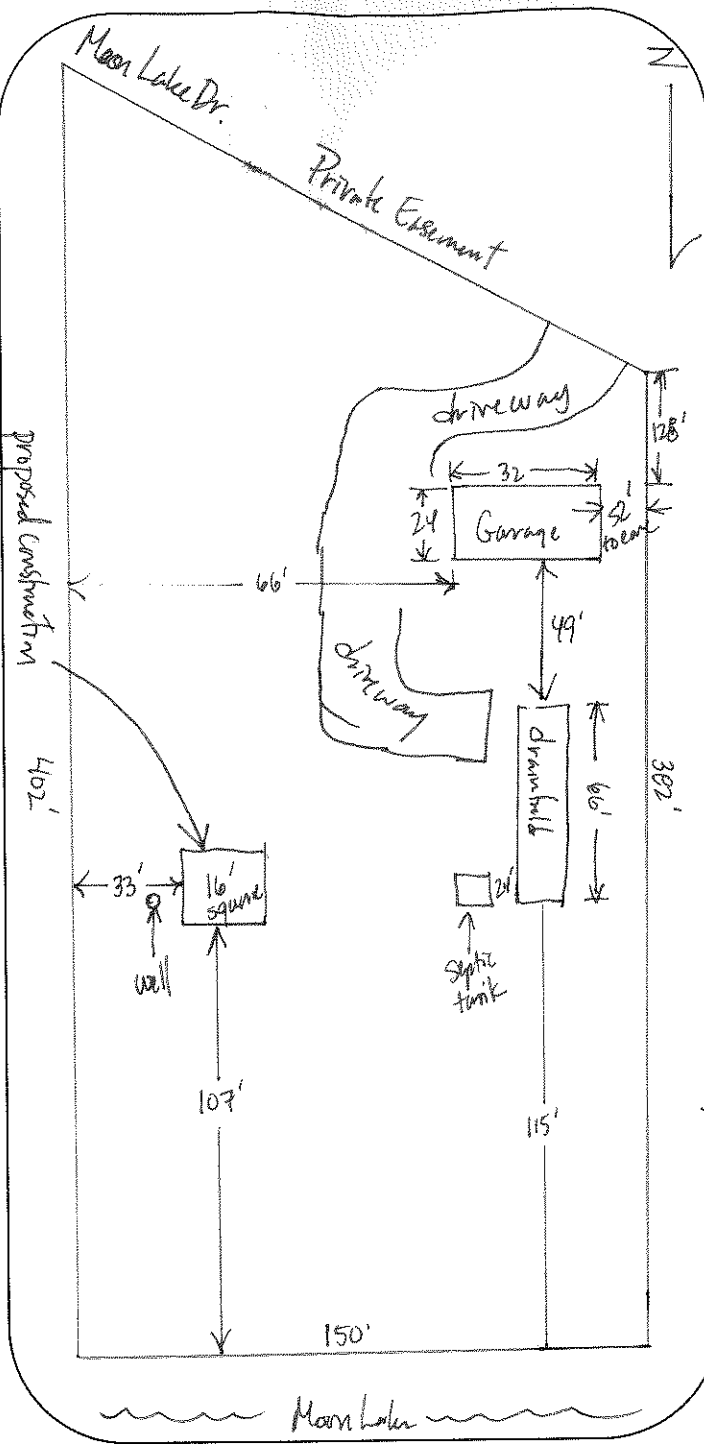
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Check box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction ✓
North (N) on Plot Plan ✓
- (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name/Frontage Road) ✓
- (3) Show Location of (*): All Existing Structures on your Property ✓
- (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
- (7) Show any (*):

drawing not to scale



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	79' Feet	Setback from the Lake (ordinary high-water mark)	107' Feet
Setback from the Established Right-of-Way	27' Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	107' Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line Town Rd	N/A Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	101' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	33' Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	58' Feet	Setback to Well	5' Feet
Setback to Drain Field	62' Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 14-0165		Permit Date: 7-1-14				
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	N/A	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	N/A	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	Case #:		Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:						
Well Staked. Meet all setbacks.						
Date of Inspection: 6-26-14	Inspected by: M. Fuchs					
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)						
May not be used for human habitation. No water under pressure or plumbing fixtures in structure.						
Signature of Inspector: Michael Fuchs						Date of Approval: 6-30-14
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

**APPLICATION FOR
RECREATIONAL VEHICLE**

ENTERED

Bayfield County Planning and Zoning Department
P.O. Box 58
117 East Sixth Street
Washburn, WI 54891
Phone - (715) 373-6138

JUN 20 2014

Bayfield Co. Zoning Dept.

Office Use:

Zoning District/Lakes Class R-1, 3
Application No. 14-01168
Date 7-2-14
Fee Paid \$135 6-24-14

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Changes in plans must be approved by the Zoning Department

Property Owner Brett Homich

Property Address 67308 Whyside Rd
of RV placement IRON RIVER, WI 54847

Mailing Address 3442 S. CO RD A

Agent: _____

SUPERIOR, WI 54880

Written Authorization Attached: Yes () No (X)

Telephone 715-392-5396

Zoning District: R-1

Accurate Legal Description involved in this request:

NE 1/4 of SW 1/4 of Section 16 Township 47 N. Range 8 W. Town of IRON RIVER, WI

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____

Volume _____ Page _____ of Deeds Parcel I.D. # 04024247081630100030000 Acreage _____

Additional Legal Description: 2 PAR IN NE SW 1/4 IN V. 1061 P. 574, 372A ATTACH V
Copy of Tax Statement

Is your RV in a Shoreland Zone? Yes ☒ No ☐ If Yes, Distance from Shoreline: 75' or greater ☒ < 75' to 40' ☐ less than 40' ☐

RV: New ☒ Replacement ☐ Vin # 1UJAJ01G1T1BN1847

Make of RV: Jayco Model of RV: 1307

FAILURE TO OBTAIN A PERMIT or PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES

Rec'd for Issuance

JUL 02 2014

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Secretarial Staff

For Office Use Only

PRIVY

Permit issued:

Sanitary Number 12-0211 Date _____

Issuance Date 7-2-14 Permit Number 14-01168 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: RV on-site Meets all setbacks.

By M. Furtak Date of Inspection 7-1-14

Variance (B.O.A.) # _____

Condition: RV may be placed up to 4 months from issuance date. Must be removed by: 11-2-14

Signed Michael Furtak Date of Approval 7-2-14
Inspector

Name and use frontage road as a guideline, and indicate North (N) on plot plan

2. Show the RV (Recreation Vehicle) location

3. Show dimensions in feet on the following:

a. RV from centerline of road(s).

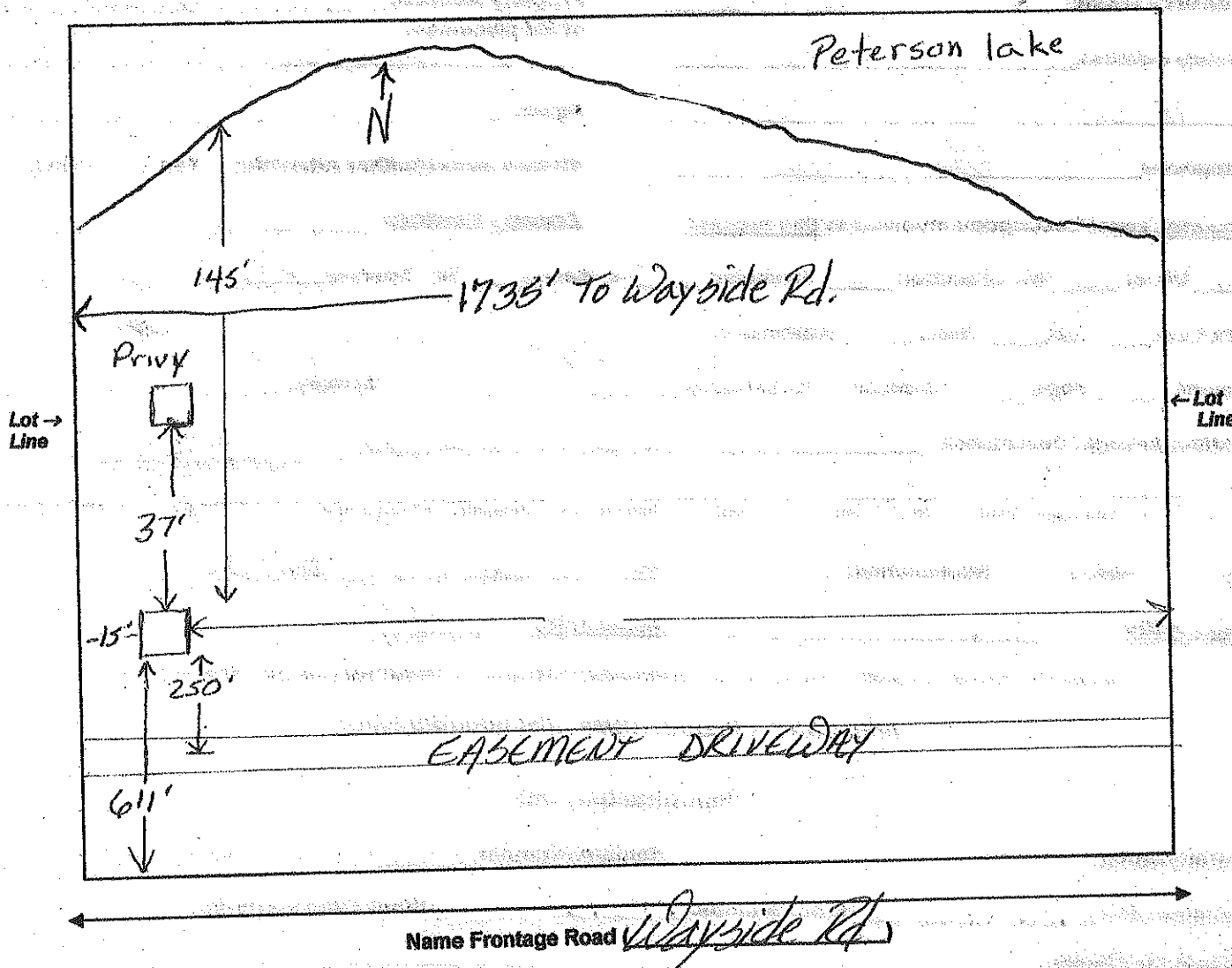
b. RV from right-of-way line

c. RV from property lines

d. RV from lake, river, stream or pond

e. RV from Privy

Lot Line



NOTICE: The local town, village, city, state or federal agencies may also require permits.

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent

Brett Hammish

Date

6/16/14

Address to send permit

3442 S. Co. Rd. A Superior, WI 54880

**APPLICATION FOR
RECREATIONAL VEHICLE**

Bayfield County Planning and Zoning Department
P.O. Box 58
117 East Sixth Street
Washburn, WI 54891
Phone - (715) 373-6138

JUN 20 2014

Bayfield Co. Zoning Dept.

Office Use:

Zoning District/Lakes Class R-1, 3
Application No. 14-0169
Date 7-2-14
Fee Paid NTS 6-24-14

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Changes in plans must be approved by the Zoning Department

Property Owner Brett Homich
Mailing Address 3442 S. Co Rd A
Superior, WI 54880
Telephone 715-392-5396

Property Address 67308 WAYSIDE RD
of RV placement IRON RIVER, WI 54847

Agent: _____

Written Authorization Attached: Yes ☐ No ☒

Zoning District: R-1

Accurate Legal Description involved in this request:

NE 1/4 of SW 1/4 of Section 16 Township 47 N. Range 8 W. Town of IRON RIVER, WI

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____

Volume 1061 Page 574 of Deeds Parcel I.D. # 04024247081630100030000 Acreage 6 ACRES

Additional Legal Description: 2 PAR IN NE 50 IN V. 1061 P. 574, 372A ATTACH ☒
Copy of Tax Statement

Is your RV in a Shoreland Zone? Yes ☒ No ☐ If Yes, Distance from Shoreline: 75' or greater ☒ < 75' to 40' ☐ less than 40' ☐

RV: New ☒ Replacement ☐ Vin # 1SAAS01D4Y1GD2174

Make of RV: STAR Model of RV: 1706

FAILURE TO OBTAIN A PERMIT or PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES

APPLICANT - PLEASE COMPLETE REVERSE SIDE

For Office Use Only

PRIVY

Permit Issued: _____ Sanitary Number 12-0911 Date _____

Issuance Date 7-2-14 Permit Number 14-0169 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: RV on-site Meet all setbacks

By M. Furtak Date of Inspection 7-1-14

Variance (B.O.A.) # _____

Condition: RV may be placed up to 4 months from issuance date. Must be removed by: 11-2-14

Signed Michael Furtak Date of Approval 7-2-14
Inspector

me and use frontage road as a guideline, and indicate North (N) on plot plan

Show the RV (Recreation Vehicle) location

3. Show dimensions in feet on the following:

a. RV from centerline of road(s).

b. RV from right-of-way line

c. RV from property lines

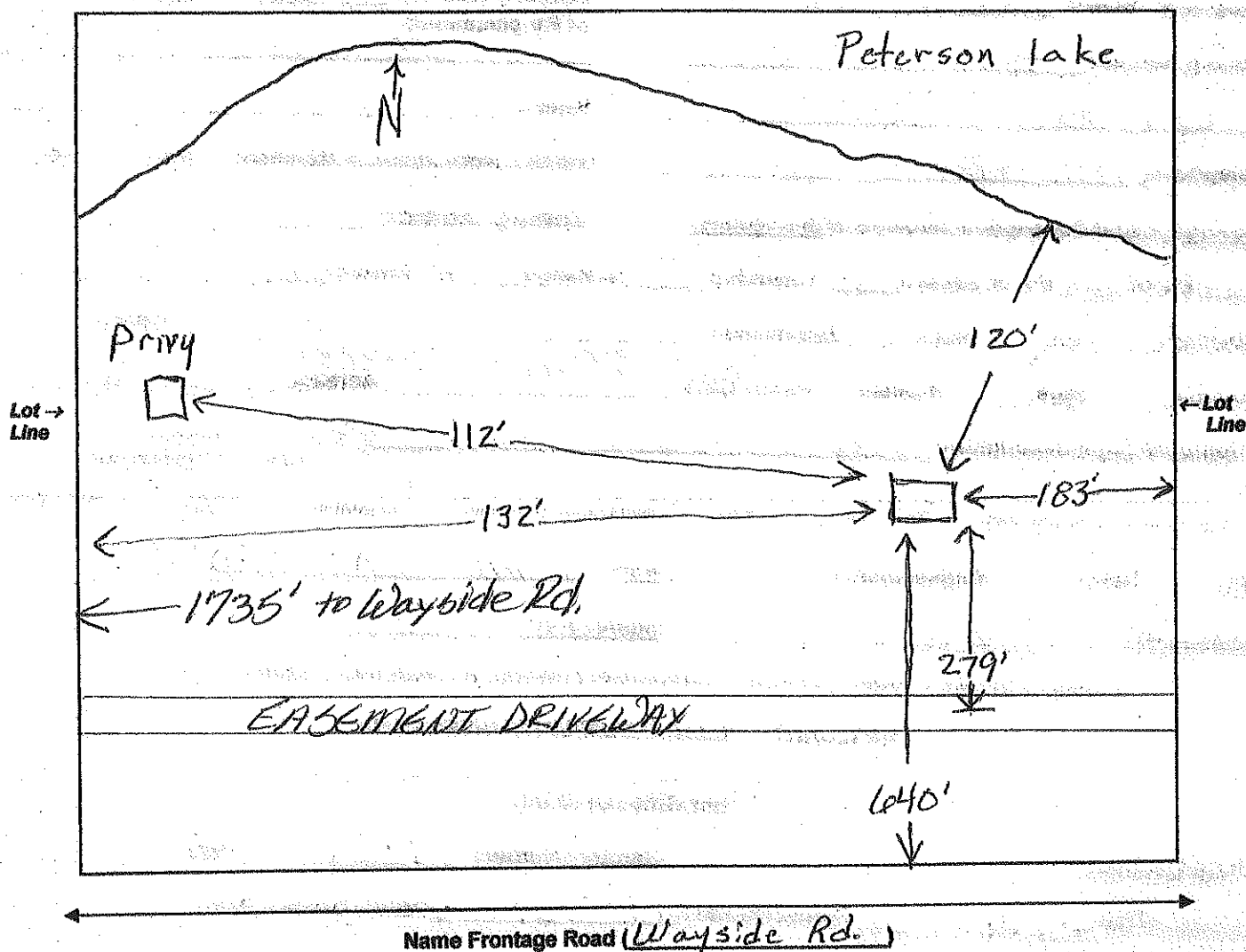
d. RV from lake, river, stream or pond

e. RV from Privy

IMPORTANT

Detailed Plot Plan is Necessary

Lot Line



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Owner or Authorized Agent

Bert Hamrick

Date

6/16/14

Address to send permit

3442 S. Co. Rd A Superior, WI 54880

**APPLICATION FOR
RECREATIONAL VEHICLE**

ENTERED

Bayfield County Planning and Zoning Department
P.O. Box 58
117 East Sixth Street
Washburn, WI 54891
Phone - (715) 373-6138

JUN 20 2014

Bayfield Co. Zoning Dept.

Office Use:

Zoning District/Lakes Class R-1, 3

Application No. 14-0170

Date 7-2-14

Fee Paid \$75 6-24-14

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Changes in plans must be approved by the Zoning Department

Property Owner Brett Homich

Mailing Address 3442 S. Co Rd A

Superior, WI 54880

Telephone 715-392-5396

Property Address
of RV placement

67308 WAYSIDE RD
IRON RIVER WI 54847

Agent: _____

Written Authorization Attached: Yes () No (X)

Accurate Legal Description involved in this request:

Zoning District: R-1

NE 1/4 of SW 1/4 of Section 16 Township 47 N. Range 8 W. Town of IRON RIVER, WI

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____

Volume 1061 Page 374 of Deeds Parcel I.D. # 04024247081630100030000 Acreage 6 ACRES

Additional Legal Description: 2 PAR IN NE SW 1/4 IN V. 1061 P. 524, 372A ATTACH ☒ Copy of Tax Statement

Is your RV in a Shoreland Zone? Yes (X) No ☐ If Yes, Distance from Shoreline: 75' or greater (X) < 75' to 40' ☐ less than 40' ☐

RV: New (X) Replacement ☐

Vin # 620903

Make of RV: Dodge

Model of RV: 270BL

FAILURE TO OBTAIN A PERMIT or PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES

APPLICANT - PLEASE COMPLETE REVERSE SIDE

For Office Use Only

PRIVY

Permit Issued:

Sanitary Number 12-0211

Date _____

Issuance Date 7-2-14

Permit Number 14-0170

Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: RV's on-site. Meet all setbacks

By M. Furtak

Date of Inspection

7-1-14

Variance (B.O.A.) # _____

Condition: RV may be placed up to 4 months from issuance date.

Must be removed by: 11-2-14

Signed

Michael Furtak
Inspector

Date of Approval 7-2-14

Use frontage road as a guideline, and indicate North (N) on plot plan

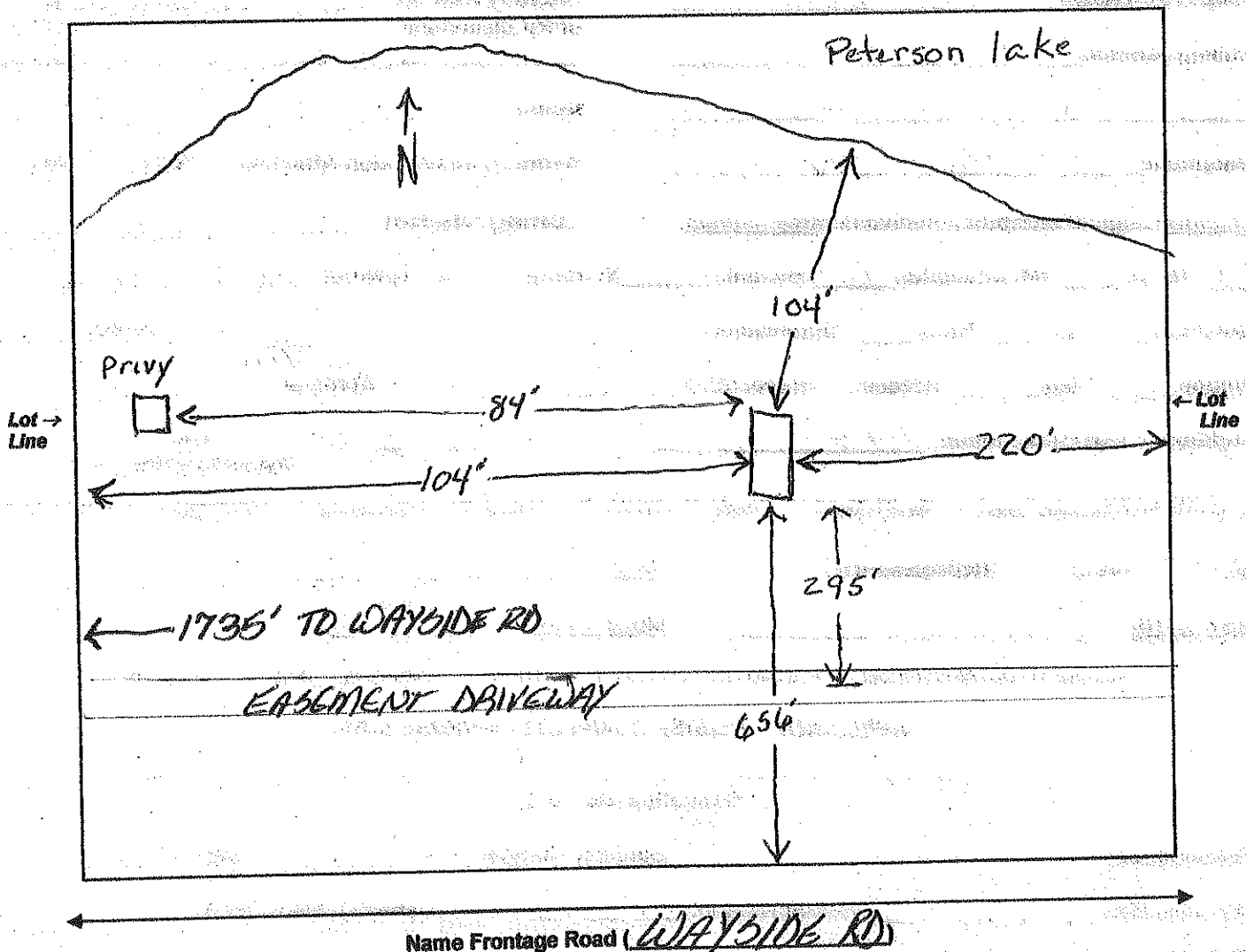
the RV (Recreation Vehicle) location

IMPORTANT
Detailed Plot Plan is Necessary

Show dimensions in feet on the following:

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- b. RV from right-of-way line
- c. RV from property lines
- d. RV from lake, river, stream or pond
- e. RV from Privy

Lot Line



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Owner or Authorized Agent Brett Hannibal

Date 10/16/14

Address to send permit 3442 S. Co. Rd A Superior, WI 54880